

Sam Rayburn ~~Body #4~~ 3  
 LOCATION: Beach @ High Island GRAVE # 4  
 UNKNOWN # 24 M.E. CASE # 73-3409  
 IDENTIFIED High Island NAME: Frank Anthony Aguirre  
 STILL UNKNOWN

I N V E N T O R Y   S H E E T

HAIR SAMPLES: _____	AUTOPSY REPORT: ROUGH	FINAL
BODY X-RAYS: HCME <u>3</u> OTHER _____	SUPPLEMENTAL: ROUGH	FINAL
DENTAL X-RAYS: HCME _____ OTHER _____	INVESTIGATORS REPORT: ROUGH	<u>FINAL</u>
HCME PHOTOS: BODY <u>✓</u> PERSONAL EFFECTS _____	SUPPLEMENTAL: ROUGH	FINAL
CLOTHING _____ DENTAL _____	TOXICOLOGY REPORT	
PHOTO FROM FAMILY: _____	DENTAL EXAMINATION: ROUGH	<u>FINAL FORM</u>
MISSING PERSONS REPORT <u>✓</u>	POINTS OF COMPARISON: ROUGH	FINAL FORM
DEATH CERTIFICATE _____	HCME DENTAL CHART <u>✓</u>	
BRIEF PHYSICAL DESCRIPTION <u>✓</u>	OTHER DENTAL CHART <u>✓ original</u>	
SYNOPSIS OF MEDICAL TESTIMONY: <u>✓</u>	EVIDENCE SHEET: _____	
CORRESPONDENCE: _____		

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMPARISONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER: per copy of Judge's order.

\_\_\_\_\_

\_\_\_\_\_

# STATE HIGHWAY PATROL

## DENTAL CHART

Fill out all information in PENCIL

# 24

Assigned identification number 73-3409 Division Case Number \_\_\_\_\_

Autopsy number \_\_\_\_\_ Picture Pouch Number \_\_\_\_\_

Armed Forces Serial Number \_\_\_\_\_ Date of Exam. \_\_\_\_\_

Social Security Number \_\_\_\_\_ Place of Exam. \_\_\_\_\_

(Circle One) UNKNOWN

PRESUMPTIVE BY EXCLUSION

**CONFIRMED**

Name of the Deceased	Estimated Age	Race	Sex
FRANK AGUIRRE	18	W	M

CONFIRMED IDENTIFICATION OF BODY BY \_\_\_\_\_  
Name of Examiner

Confirmed identification by means of (circle) X-ray comparison, Clinical conformation by previous dental records, Other \_\_\_\_\_

X-rays taken (circle one) None, Complete Mouth, Bite Wings, Other \_\_\_\_\_

Photographs taken (circle one) None, Color, Black & White, Other \_\_\_\_\_

Name, Address, and Telephone Number of Photographer \_\_\_\_\_

Location of the Body \_\_\_\_\_

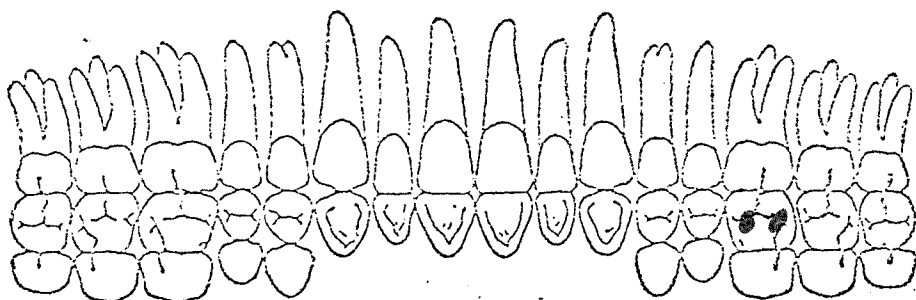
Position of the Body \_\_\_\_\_

BEFORE PROCEEDING—READ PAGE 2 CAREFULLY AND FOLLOW ALL INSTRUCTIONS—HAVE A QUALIFIED ASSISTANT TO DO ALL RECORDING RECORD ALL INFORMATION IN PENCIL

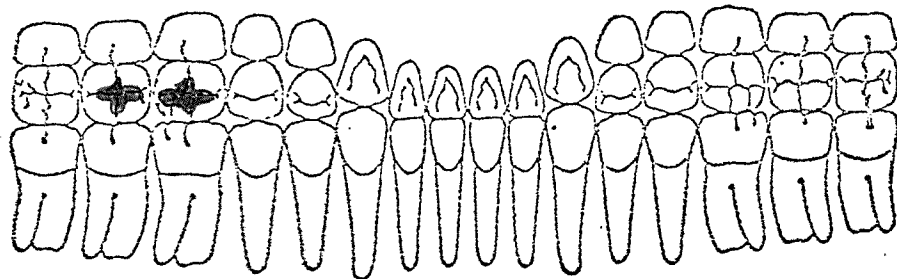
Name, Address, and Telephone Number of the Examiner \_\_\_\_\_

Name, Address, and Telephone Number of the Assistant \_\_\_\_\_

MARK ALL RESTORATIONS ON THIS CHART



RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Circle descriptive term

Prosthetic Appliances Present — Maxilla

Full Denture

Partial Denture

Fixed Bridge

Prosthetic Appliances Present — Mandible

Full Denture

Partial Denture

Fixed Bridge

Describe completely all Prosthetic Appliances or

Fixed Bridges CROSS BITE #4 (LINGUAL)

Stains on teeth

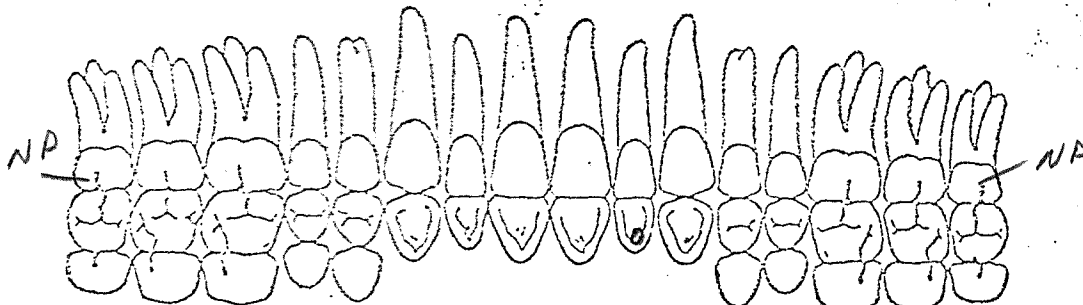
Slight

Moderate

Severe

MARK ALL CARIES AND MISSING TEETH ON THIS CHART

Outline all caries and 'X' out all missing teeth



RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Circle descriptive term

Jaw Relationship

Normal

Undershot

Overbite

Periodontal condition

Excellent

Average

Poor

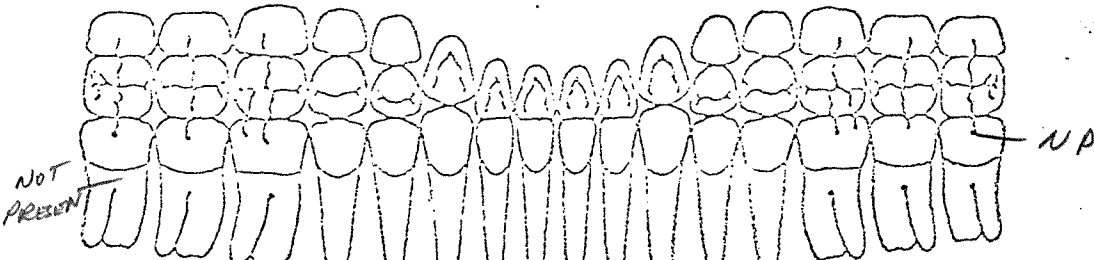
Gross Neglect

Calculus

Slight

Moderate

Severe





DENTAL RECORD COMPARISON CHART

DENTAL RECORDS OF:

DENTAL RECORDS SUPPLIED BY:

Frank AQUIRRE

Last Name, First, & Initial Age Race Sex

Complete address

BERNARD M. SOLOMON D.D.S.

1717 NORTH LOOP WEST #3

Street address

HOUSTON TX 77008

City State Zip Code

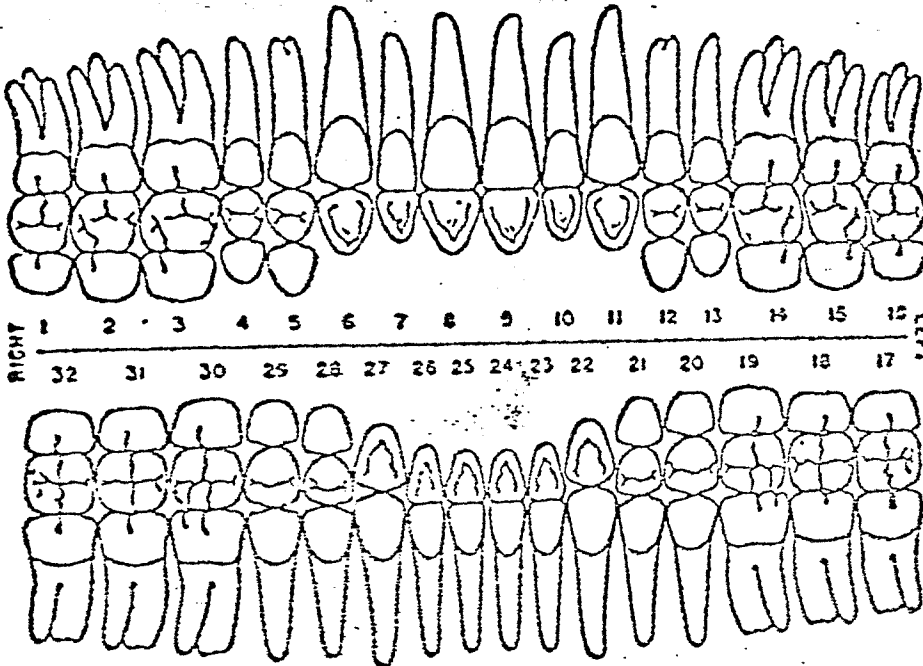
861-6409

Clinical Records \_\_\_\_\_ Dates of most recent treatments. X-rays supplied(circle) C. M., B. W., Others. Any known endodontia \_\_\_\_\_

Diagnostic Models----available, unavailable.

Area Code and telephone number  
If information below is supplied by telephone conversation ONLY circle this for possible follow up.

RECORD ON THE CHART BELOW ALL KNOWN DENTAL RESTORATIONS FROM KNOWN X-RAYS & CLINICAL RECORDS. USE THE SAME CHARTING SYSTEM AS SHOWN ON PAGE TWO OF HP-24C.



OTHER ADDITIONAL INFORMATION

#3 upper left. 1<sup>st</sup> molar

#30 lower right 1<sup>st</sup>

#31 lower right 2<sup>nd</sup>

this is the way he numbers his teeth

8/31/73 2:30 PM

*Physician*

FULL DENTURE DESCRIPTION---Upper, Lower, Both. Teeth(circle) Acrylic, porcelain, other. Denture base material if known \_\_\_\_\_ . Palate, if metal---gold, white metal, or acrylic. Approximate age of denture \_\_\_\_\_ . List any unusual features of the denture \_\_\_\_\_

PARTIAL DENTURE DESCRIPTION---UPPER, LOWER, BOTH. Teeth, Acrylic, Porcelain, or Facings. Saddle areas---acrylic, white metal, gold. Clasps, lingual bars, palate---Wrought gold cast gold, cast white metal. Precision attachments? If known clasps & or rests on the following teeth numbers \_\_\_\_\_

Supplying missing teeth number \_\_\_\_\_

Any unusual features \_\_\_\_\_

ANY FULL JACKETS OR CORNWS PRESENT----ACRYLIC \_\_\_\_\_, GOLD \_\_\_\_\_, PORCELAIN \_\_\_\_\_

DESCRIPTION OF FIXED BRIDGEWORK \_\_\_\_\_

THIS CHART RECORDED BY \_\_\_\_\_

Please

NAME <i>Aguero Frank</i>		DATE <i>12-29-67</i>	AGE <i>14</i>												
ADDRESS <i>531 W. 26th</i>		PHONE <i>UN 4-5697</i>													
CHARGE TO		ADDRESS													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
DATE	TOOTH	SERVICE RENDERED	CHARGE	PAID	BALANCE										
<i>12-29-67</i>		<i>Exam - pain l. right filling &amp; call</i>	<i>8.00</i>												
			<i>↓</i>												
<i>1-8-68</i>		<i>Prophylaxis</i>			<i>8.00</i>										
<i>3-4-68</i>		<i>pd on acct</i>		<i>8.00</i>											
<i>6-27-68</i>		<i>Prophylaxis</i>	<i>8.00</i>		<i>8.00</i>										

This mark on # 27 is a slight facial carious lesion (not filled not restored).

*r. Stoye, D.D.S.*

Received by \_\_\_\_\_

DATE



#73-3409

-

FRANK AGUIRRE

---

PRIOR EXHIBIT NOS.

-

ITEM

#68

PHOTOS OF JAWBONES & TEETH

#69

PHOTOS OF JAWBONES & TEETH

#70

PHOTOS OF JAWBONES & TEETH

#71

PHOTOS OF JAWBONES & TEETH

#72

PHOTOS OF JAWBONES & TEETH

#73

X-RAYS OF TEETH BY DR. JOE

#74

DENTAL CHART BY DR. SOLOMON

HIGH ISLAND  
 AUTOPSY - August 15, 1973 - 1:15 P.M.

EXTERNAL XAM -

- (1) SKELETAL REMAINS WITH SMALL AMOUNT OF FLESH & SKIN  
 PIECES OF BODY - NOT INTACT
- (2) ADHESIVE TAPE COVERING ENTIRE FACE
- (3) GAG IN MOUTH (ABOUT SIZE OF WASH RAG) - IN MOUTH GOING INTO THROAT
- (4) ROPE - WITH HANGMAN'S KNOT AROUND NECK
- (5) SAME TYPE PLASTIC COVERING IN CRASH BAG, BUT NOT AROUND BODY
- (6) BONES SHOWED CONSISTANT WITH 18 YR. OLD W/M
- (7) DEATH OCCURRED ON OR ABOUT FEBRUARY 24, 1972
- (8) NO WAY OF KNOWING WHETHER HYOID BONE BROKEN - IT FALLS AWAY WITH FLESH

INTERNAL XAM -

- (1) SOLELY X-RAYS
- (2) NO FOREIGN OBJECTS (E.G. BULLETS) IN BODY
- (3) CAUSE OF DEATH - STRANGULATION & GAGGING
- (4) NOT IMMEDIATE AND PAINLESS - DIES OF AIR HUNGER
- (5) TAKES - 2 - 4 MINUTES TO DIE - PAINFUL
- (6) BE CONSCIOUS AS LONG AS HE CAN HOLD BREATH
- (7) COULD NOT HAVE BREATHED ONCE TAPE FULLY COVERED FACE & NOSE
- (8) PHOTOS OF JAWBONES
- (9) X-RAYS OF JAWBONES AND TEETH
- (10) DR. BERNARD SOLOMON - PROVIDED DENTAL CHART OF FRANK AGUIRRE  
DR. SOLOMON USED REVERSE (MIRROR IMAGE) OF UNIVERSAL CHARTING SYSTEM
- (11) POINTS OF IDENTITY - 3

3 FILLINGS IDENTICAL - (4 FILLINGS IN 3 TEETH)

DR. SOLOMON  
 TOOTH #3  
 2 FILLINGS

DR. JOE - UNIVERSAL  
 14

TOOTH #30  
 1 FILLING

?

TOOTH #31  
 1 FILLING

?



JOSEPH A. JACHIMCZYK, M.D., J.D.  
FORENSIC PATHOLOGIST  
ATTORNEY AT LAW  
CHIEF MEDICAL EXAMINER



228-8311  
EXT. 671 (DAY)  
EXT. 212 (NIGHT)

OFFICE OF THE MEDICAL EXAMINER  
OF HARRIS COUNTY  
HARRIS COUNTY COURT HOUSE  
HOUSTON, TEXAS 77002

DOB 8-22-53 (19)

73-3409  
FRANK ANTHONY  
AGUIRRE

AUTOPSY REPORT

CASE 73 - 3409

August 15, 1973

PATHOLOGICAL DIAGNOSIS ON THE BODY

OF

Frank Anthony Aguirre  
932 West Cottage Street  
Houston, Texas

Asphyxia due to strangulation and gagging.

OPINION

It is our opinion that the decedent, Frank Anthony Aguirre, came to his death as a result of asphyxia due to strangulation and gagging, homicide.

It is our further opinion that death occurred on or about February 24, 1972.

COMMENT: Dr. Joseph A. Jachimczyk spoke with Mr. Frank Aguirre on the telephone on August 23, 1973.

A handwritten signature in cursive script, reading "Joseph A. Jachimczyk", is written over a horizontal line.  
Joseph A. Jachimczyk, M.D., J.D.  
Chief Medical Examiner

## POSTMORTEM EXAMINATION ON THE BODY OF

Frank Anthony Aguirre  
932 West Cottage Street  
Houston, Texas

HISTORY: These remains were recovered from a grave 2 to 3 feet deep on the beach off Highway 87, 1 mile west of Jefferson County line, in Chambers County, Texas, at 10:13 a.m. on August 13, 1973. Unknown #23 (73-3408) and Unknown #24 (73-3409) were brought to the Harris County Morgue at approximately 4:00 p.m. on August 13, 1973. (See Companion Cases 73-3365, 73-3366, 73-3412 and 73-3413).

AUTOPSY: The autopsy was performed by Chief Medical Examiner Joseph A. Jachimczyk, M.D., assisted by Assistant Medical Examiners Ethel E. Erickson, M.D., and G. Sheldon Green, M.D., and assisted by Dr. Paul G. Stimson, beginning at 1:15 p.m. on August 15, 1973, in the Harris County Morgue.

Received in a black crash bag were the skeletal remains of a male Caucasian with only a small amount of decomposed flesh and skin. The skull was covered with long black hair, measuring from 8 to 10 inches in length. There was adhesive tape covering the entire face. There was a gag present in the mouth. Around the neck area, there was a rope tied in a hangman's noose. There was a portion of plastic covering received with the body. The bones included a complete skull with the teeth, two femurs, two radii, two tibias, two fibulas, two humeri, two ulnas, one scapula, two pelvic bones, 21 ribs, two clavicles, manubrium, and the body of the sternum. In 10 of the ribs, there were irregular protrusions near the vertebral edges for muscle attachment at the anterior ends of the ribs. There were three large bones of a foot and six small bones of the hand, including metatarsals and metacarpals. Each femur measured 18-1/2 inches in length. Each tibia measured 16 inches in length. Each humerus measured 12-1/2 inches in length. Each fibula measured 16 inches in length. Each ulna measured 10-1/4 inches in length. Each radius measured 10-3/4 inches. Each clavicle was 5-3/4 inches in length.

The skeletal features are consistent with those of an 18 year old Caucasian male with a living stature of 6 feet 2 inches.

DENTAL EXAMINATION

Universal Charting System: The four third molars are not present. There is a cingulum caries on the upper left lateral, which is tooth 10. There is a mesial and distal pit amalgam on tooth 14, which is the upper left first molar. There is an occlusal amalgam in the lower right first molar, tooth 30. There is an occlusal amalgam in the lower right second molar, which is tooth 31. The upper right second bicuspid, tooth 4, is in cross-bite to the lingual. The jaw relationships are normal.

Comparison of our record with the record of Dr. Bernard M. Solomon, D.D.S., 1717 North Loop West, Suite #3, Houston, Texas, 77008. Fillings were present in three teeth which were reversed from those we had charted. However, on August 31, 1973, at 2:30 p.m., I called Dr. Solomon and asked him what charting system he used. He charted #3 as the upper left first molar. He charted #30 as the lower right first molar. He charted #31 as the lower right second molar. This was different from the manner we charted. Our upper left first molar would be #14, the lower right first molar would be #30 and the lower right second molar #31. Therefore, the fillings in the charts were exactly the same; only the method of charting differed. Dr. Solomon had no anteroften radiographs. Accordingly, it is our opinion, based upon a reasonable medical probability, that the decedent is Frank Aguirre.



---

Paul G. Stimson, D.D.S., M.S.

Autopsy

INVESTIGATOR'S REPORT

Investigator: H. C. Gregory

View

Case No. 73-3409

Decedent: Frank Anthony Aguirre Race W Sex M Age 19

Address: 932 West Cottage Street, Houston, Texas

Death: FOUND August 13, 1973 Approx. Time 10:13 A.M.  
Beach Off Highway 87, 1 Mile West of P.M.

Place of Death: Jefferson County Line, Chambers County, Texas

Place of Inquest: Beach Off Highway 87, 1 Mile West of

Jefferson County Line, Chambers County, Texas

Date and Time of Inquest: August 13, 1973 3:10 P.M.

Location, Position, and Surroundings of Body:

Clothing:

Information:

The decedent, according to C. A. Dailey and Ben Sterling of the Sterling Funeral Home, Dayton, Texas, was disinterred from a gravesite on the beach at the above location. The grave was 2 to 3 feet deep.

H. C. Gregory  
H. C. Gregory

Property:

Transferred to Morgue by: Sterling Funeral Home, Dayton, Texas

Funeral Home Conducting Service: Earthman Funerals, Houston, Texas



Dr. Jachimczyk

JULY 0, 1974

73-3334; 73-3335; Marty Ray Jones; Charles Cobble;  
73-3377; 73-3409; Homer Luis Garcia; Frank Anthony  
73-3412 Aguirre; Johnny Ray Delone

Elmer Wayne Henley

175th District

74-CR-424

Bexar County Court  
House  
San Antonio, Texas

There ARE Pictures

*D. N. Jachimczyk testified  
7-10-74 through 7-11-74*

*copy*

HOUSTON POLICE DEPARTMENT  
MISSING PERSON REPORT

Copy to Homicide  
73-3409

RECEIVED BY Zeringue Gomez		WRITE OUTSIDE IF SO		OFFENSE NO.	
DATE AND TIME RECEIVED 3/26/72 3:30pm		<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE		M.P.B. NO. 21062	
DATE & TIME MISSING PERSON LEFT HOME 2/24/72 4:pm		<input checked="" type="checkbox"/> MISSING <input type="checkbox"/> RUNAWAY <input type="checkbox"/> LOST		J.D. NO.	
RESIDENCE ADDRESS 932 West Cottage		FO		RE	
MISSING PERSON'S NAME AGUIBRE, Frank		LOCATION LAST SEEN 2200 Yale		DATE, TIME LAST SEEN 2/24/72 10:pm	
ALIAS OR MAIDEN NAME		NICKNAME			
DESCRIPTION OF MISSING PERSON	SEX M	DESCENT W	AGE 18	HEIGHT 6'2	WEIGHT 140
				HAIR blk	EYES brwn
BUILD					
COMPLEX.					
IDENTIFYING MARKS AND CHARACTERISTICS					
CLOTHING WORN (NAME OF GARMENT - COLOR - DESCRIPTION) (INCLUDE DESCRIPTION OF JEWELRY AND LUGGAGE CARRIED) White uniform					
PLACE - DATE - TIME PERSON LOCATED 7-3-72 - [unclear] - RR				LOCATED BY (PERSON OR AGENCY)	
BIRTH PLACE	BIRTH DATE	MARITAL STATUS (MARRIED-SINGLE-DIVORCED)		MENTAL CONDITION (GOOD-POOR-ETC)	
OCCUPATION		RELIGION		SCHOOL (NAME & LOCATION) GRADE	
POSSIBLE CAUSE OF ABSENCE		PROBABLE DESTINATION		FORMER ADDRESS OF MISSING PERSON	
PERSONAL HABITS (HVY. DRINKER, GAMBLER)		REPORTED MISSING BEFORE DATE <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE LOCATED ON PRIOR OCCASION	
VEHICLE DRIVEN (YEAR - MAKE - BODY TYPE - COLOR(S) - LICENSE NUMBER - IDENTIFYING CHARACTERISTICS) 67 Rambler white top-aqua 71 License RSX 781					
PERSON LAST SEEING MISSING PERSON		RESIDENCE ADDRESS		PHONE	
PERSON REPORTING ABSENCE TO POLICE Josephine Aguirre		RESIDENCE ADDRESS 932 W. Cottage		PHONE 869 5231	
PARENTS OR GUARDIANS (JUVENILE ONLY)		RESIDENCE ADDRESS		PHONE	
RELATIVES AND FRIENDS		RESIDENCE ADDRESS		PHONE	
MESSAGE NO.		DATE & TIME		MESSAGE CANC. BY	
RECONSTRUCT CIRCUMSTANCES OF DISAPPEARANCE Reportee stated that MP left home at 4:pm on 2/24/72 went to work at 2200 Yale, last seen leaving work at 10:pm.  3/27/72 3:25pm Reportee called and stated she was working at 9:am to 3:pm at a beauty shop next door to the Cinderalla Cleaners on Westheimer, but their phone was out of order, she can be reached thru 782 1910. rr  3/29/72 Reportee came to this office to see if we had any info on MP, told her know and she stated she knows for sure that something bad has happen to MP. Stated she had been to Homicide but they won't do anything. Further stated that the manager of the business that subj works for is Jim Langlen					
IF ADDITIONAL SPACE IS REQUIRED, USE SUPPLEMENTARY OFFENSE REPORT FORM NO. 18301.					
JUVENILE DISPOSITION	<input type="checkbox"/> NOT DIRECTLY HANDLED <input type="checkbox"/> DIRECTLY HANDLED	<input type="checkbox"/> REFERRED TO PROBATION <input type="checkbox"/> PLACED IN DETENTION WARD	RELEASED OR REFERRED TO OTHER (NAME)		
INVESTIGATING OFFICER		CLOSED CASE CHECKED & APPROVED BY		INDEXED BY	

1973 MASS MURDER INVENTORY CASES TO DATE AS OF 071501

DR. DELATTRE VIEWED CASE: \_\_\_\_\_ CASE FINDINGS...SEE ATTACHED REPORT DATED \_\_\_\_\_

ITEM #	CASE #	DECEDENT'S NAME	TYPE OF REMAINS	LOCATION OF REMAINS	DATE FOUND	DATE ID'D & BY	WHAT METHOD
(24)	73-3409	Frank <sup>W-M-19</sup> Anthony Aquirre	Skeletal	See Autopsy Report	8-13-73 Decomp High	8-31-73	Dental Comparison
FOUND@: Chambers Co., beach, off Hwy 87 (Jefferson Co. line) Island							
NOK NOTIFIED: (Y) N							
DATE / TIME NOTIFIED: 8-23-73 (dad) NOTIFIED BY WHOM: Dr Jachimczyk							

AUTOPSY DONE BY/DATE: Dr Jachimczyk 8-15-73

INVESTIGATOR REPORT: (Y) N AUTOPSY REPORT: (Y) N POLICE REPORT: Y (N) SCENE PHOTOS: (Y) N

DEATH CERTIFICATE: Y / N DATE D/C SIGNED: \_\_\_\_\_  
 NOT IN FILE NOT IN FILE Bexar Co. Court House  
 San Antonio, TX

FULL BODY XRAYS: (Y) N DENTAL CHART/XRAYS: (Y) N DNA: Y (N) RELEASE SIGNED: Y / N  
 @ autopsy DATE: Not in file  
 BY: \_\_\_\_\_

TRANSFERRED TO HCME

BY: Sterling FH / Dauton, TX

FUNERAL HOME: Earthman BURIED ? CREMATED ?

MANNER OF DEATH: Asphyxia due to strangulation + gagging DOD: 2-24-72

SOURCE: Home Report + Investigator File

OTHER INFORMATION: Saw photos + teeth per autopsy report  
 Missing person report filed 3-26-72

Re: letter of October 9 under separate cover.

STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NO.	
1. PLACE OF DEATH a. COUNTY <b>Chambers</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b>		b. COUNTY <b>Harris</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Precinct #3</b>		c. LENGTH OF STAY in l.b.		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Houston</b>	
d. STREET ADDRESS (If rural, give location) <b>Beach, Off Hwy. 87, 1 Mi. W. of Jefferson/</b>		d. STREET ADDRESS (If rural, give location) <b>932 West Cottage</b>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4. DATE OF DEATH <b>Found 8-13-73</b>	
3. NAME OF DECEASED (Type or print) (a) First <b>Frank</b>		(b) Middle <b>Anthony</b>		(c) Last <b>Aguirre</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <b>Aug. 22, 1953</b>		9. AGE (In years last birthday) <b>19</b>		IF UNDER 1 YEAR Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>High School</b>		11. BIRTHPLACE (State or foreign country) <b>Houston, Texas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Frank Aguirre</b>		14. MOTHER'S MAIDEN NAME <b>Josephine Montez</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Joseph R. Aguirre</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia due to strangulation and gagging.</b> DUE TO (b) _____ DUE TO (c) _____ CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.		19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>Strangled and gagged.</b>	
20c. TIME OF INJURY Hour <b>Found</b> Day <b>8</b> Year <b>73</b> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Street, home, farm, factory, street office building, etc.) <b>Chambers County</b>	
20f. CITY, TOWN, OR LOCATION <b>Precinct #3 Chambers Texas</b>		20g. COUNTY <b>Chambers</b>		20h. STATE <b>Texas</b>	
21. I hereby certify that I attended the deceased from <b>found</b> to _____ 19____ and last saw the deceased alive from autopsy findings 19____ Death occurred at <b>8-13-73</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Joseph A. Jachimczyk M.D.</i>		22b. ADDRESS <b>209 Courthouse Houston, Texas</b>	
22c. DATE SIGNED <b>9-12-73</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Sept. 4, 1973</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Garden of Gethsemani</b>		23d. LOCATION (City, town, or county) (State) <b>Houston, Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <i>Earthman Funerals - 5111</i>	
25a. REGISTRAR'S FILE NO. <b>499</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>September 26, 1973</b>		25c. REGISTRAR'S SIGNATURE <i>Mary Dugan</i>	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

Body #3

VS-112, REV. 1/58